



City of Lincoln Citizen Injury/Property Damage Report

Return this report to Risk Management
within one business day of the first
notice of loss.

This report is for information only and does
not constitute legal notice of claim.

CITIZEN INFORMATION

Name of Injured Party or
Owner of Property Damaged _____

If a Minor, List Parent/Guardian _____ Age _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening _____ Marital Status if Known: ☐ Married ☐ Not Married

INJURY/DAMAGE

Date of Injury/Damage _____ Time _____ AM/PM

Address Where Public Injury or Damage Occurred _____

Specific Location at Address _____

Reported by Whom? ☐ Party Affected ☐ Employee/Staff ☐ Other _____

Describe Incident & Resulting Injury or Damage _____

MEDICAL CARE/CONTACTS

What First Aid/Care Was Given? _____

Was Ambulance Called? ☐ Yes ☐ No By Whom? _____

Did Injured Party Seek Medical Attention? ☐ Yes ☐ No Where? _____

If Follow-Up Contact Made, By Whom? (Name) _____

Comments _____

WITNESSES

Give Name/s, Address/es & Phone Number/s _____

INVESTIGATING AGENCY

☐ Lincoln Police ☐ Lincoln Fire/Rescue ☐ Other Agency _____ Date Reported _____

Case # _____ Investigating Officer _____

SIGNATURES

Department _____ Division _____

Employee _____ Date _____ Phone _____

Supervisor _____ Date _____ Phone _____

Risk Management, 233 S. 10th St., Rm 210, Lincoln, NE 68508

Phone: 402-441-7671, FAX: 402-441-6800